

## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

## REGION 6 1445 ROSS AVENUE, SUITE 1200 DALLAS TX 75202-2733

October 20, 2014

CVS Pharmacy #10412 ATTN: Wendy Brant 618 N. Main Street Donna, TX 78537

To Whom It May Concern:

This letter is to serve as notification that your Notification of Regulated Waste Activity Form (8700-12) has been received and processed. Your EPA ID number is:

## TXR000081959

Future updates to your generator status, owner/operator information or other inquiries should be sent to your state environmental agency:

Texas Commission on Environmental Quality
Permitting and Registration Support Division
Registration and Reporting Section, MC129
P.O. Box 13087
Austin, TX 78711-3087
512-239-6413

Sincerely,

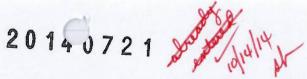
Shirley Bayless

Management/Program Analyst

EPA, Region 6

Multimedia Planning and Permitting Division





SEND COMPLETED FORM TO: The Appropriate State or Regional Office.  United State RCRA SUBT				THE PROTECTION			
	Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal:  ☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)  ☐ To provide a Subsequent Notification (to update site identification information for this location)  ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application  ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #)  ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)  ☐ Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)					
2.	Site EPA ID Number	EPA ID Number TXR00	0108	1959			
3.	Site Name	Name: CVS Pharmacy #10412					
4.	Site Location Information	Street Address: 618 N Main Street City, Town, or Village: Donna			County: Hidalgo		
		State: TX	Country: US	SA	Zip Code: 78537		
_	O'4 1 1 T					<b>—</b>	
5.		Private County Distri	ict Fed	eralTribalM	unicipal State	Other	
6.	NAICS Code(s) for the Site (at least 5-digit	A. 4 4 6 1 1 B.	0	C.			
	codes)						
7.	Site Mailing Address	Street or P.O. Box: One CVS Drive					
	Address	City, Town, or Village: Woonsocket					
		State: RI	Country: US	SA	Zip Code: 02895		
8.	Site Contact	First Name: Wendy	MI: L	Last: Brant		54	
	Person	Title: CVS Corporate Environmental Manager					
		Street or P.O. Box: One CVS Drive					
		City, Town or Village: Woonsocket					
		State: RI	Country: US	SA .	Zip Code: 02895		
		Email: Wendy.Brant@CVSCaremark.					
		Phone: 401-765-1500	Ext		Fax: 401-216-0138		
9.	Legal Owner	A. Name of Site's Legal Owner: CVS Pharmacy, Inc			Date Became 7/6/2014 Owner:		
	and Operator of the Site	Owner Type: Private County	District	Federal Tribal	Municipal State	Other	
		Street or P.O. Box: One CVS Dr					
		City, Town, or Village: Woonsocket			Phone: 401-765-1500		
		State: RI	Country: USA		Zip Code: 02895  Date Became 7/6/2014  Operator:		
		B. Name of Site's Operator: CVS Pha	Name of Site's Operator: CVS Pharmacy, Inc				
	3 555	Operator Type: Private County	District	Federal Tribal	Operator: 7/6/2014  Municipal State	Other	
-0	A F 0700 40	0700 40 10 0700 00 10 1 140"	00441				

EPA Form 8700-12, 8700-13 A/B, 8700-23 (Revised 12/2011)

Fin. 7-31-14

EPA ID Number	OMB#: 2050-0024; Expires 12/31/2014
<ol> <li>Type of Regulated Waste Activity (at your site)</li> <li>Mark "Yes" or "No" for all <u>current</u> activities (as of the date submitting the</li> </ol>	e form); complete any additional boxes as instructed.
A. Hazardous Waste Activities; Complete all parts 1-10.	
1. Generator of Hazardous Waste If "Yes", mark only one of the following – a, b, or c.	Y N 5. Transporter of Hazardous Waste If "Yes", mark all that apply.
a. LQG:  Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.	a. Transporter  b. Transfer Facility (at your site)  Y N  6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.
b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.	Y N ✓ 7. Recycler of Hazardous Waste
c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.  If "Yes" above, indicate other generator activities in 2-4.	Y N 8. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply.  a. Small Quantity On-site Burner Exemption
Y N 2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.	b. Smelting, Melting, and Refining Furnace Exemption
Y N 3. United States Importer of Hazardous Waste	Y N 9. Underground Injection Control
Y N 4. Mixed Waste (hazardous and radioactive) Generator	Y N N N 10. Receives Hazardous Waste from Offsite
B. Universal Waste Activities; Complete all parts 1-2.	C. Used Oil Activities; Complete all parts 1-4.
Y N I Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.	Y N 1. Used Oil Transporter If "Yes", mark all that apply.  a. Transporter  b. Transfer Facility (at your site)
a. Batteries	Y N 2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply.
b. Pesticides	a. Processor
c. Mercury containing equipment d. Lamps	
e. Other (specify)	b. Re-refiner
f. Other (specify)	Y N 3. Off-Specification Used Oil Burner
g. Other (specify)	Y 4. Used Oil Fuel Marketer If "Yes", mark all that apply.
Y N Z. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.	a. Marketer Who Directs Shipment of Off- Specification Used Oil to Off- Specification Used Oil Burner  b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA ID Number				OMB#	#: 2050-0024; Exp	ires 12/31/2014
D. Eligible Acad wastes purs	demic Entities with uant to 40 CFR Part	Laboratories—Notif 262 Subpart K	ication for opting in	to or withdrawing fr	om managing labor	ratory hazardous
❖ You ca	n ONLY Opt into Sub	opart K if:				
agre	are at least one of the ement with a college ellege or university; A	e following: a college or university; or a no ND	e or university; a teacl on-profit research insti	ning hospital that is o itute that is owned by	wned by or has a for or has a formal affili	mal affiliation ation agreement with
• you	have checked with y	our State to determin	e if 40 CFR Part 262	Subpart K is effective	in your state	
Y N 1. 0	pting into or currently	y operating under 40	CFR Part 262 Subpa	rt K for the managem	ent of hazardous wa	stes in laboratories
	a. College or Univers	instructions for def	initions of types of	eligible academic ei	ntities. Mark all tha	t apply:
		that is owned by or h	as a formal written af	filiation agreement w	ith a college or unive	rsitv
		that is owned by or I				
	Eth dan was form 40 (	SED D-+ 000 0 1				
Y N 2. V	withdrawing from 40 t	CFR Part 262 Subpar	t K for the manageme	ent of hazardous was	tes in laboratories	
	of Hazardous Waste					
A. Waste Codes your site. Lis spaces are no	t them in the order th	Ilated Hazardous Wa ney are presented in t	astes. Please list the he regulations (e.g., I	waste codes of the F	ederal hazardous w 112). Use an additio	astes handled at nal page if more
D001	D002	D004	D005	D006	D007	D008
D009	D010	D011	D016	D018	D024	D027
D035	D035	D039	P001	P012	F:075	P188
U002	U010	U031	U034	U035	U044	U058
U059	U070	U072	U089 ·	U122	U129	U132
U150	U151	U154	U165	U188	U200	U201
U204	U205	U206	U210	U279	U411	
<li>Waste Codes hazardous wa spaces are ne</li>	istes handled at your	d (i.e., non-Federal) r site. List them in the	Hazardous Wastes. e order they are prese	Please list the waste ented in the regulation	e codes of the State- ns. Use an additiona	Regulated I page if more

EPA ID Number	OMI	B#: 2050-0024; Expires 12/31/2014
12. Notification of Hazardous Secondary Mate	rial (HSM) Activity	
secondary material under 40 CFR 2  If "Yes", you must fill out the Adden	0.42 that you will begin managing, are managing 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25 dum to the Site Identification Form: Notification	i)?
Material.  13. Comments		
The list of waste codes reported is comprehe	nsive and representative of wastes that ma	ay be generated at any time from a
200k+ product inventory. Not all wastes ident	ified will necessarily be generated at each	location but the registration is intended
to cover the potential generation of those wa	stes.	
on my inquiry of the person or persons who n information submitted is, to the best of my kn penalties for submitting false information, incl	nat this document and all attachments were pre e that qualified personnel properly gather and en nanage the system, or those persons directly re lowledge and belief, true, accurate, and complet uding the possibility of fines and imprisonment all owner(s) and operator(s) must sign (see 40)	valuate the information submitted. Based sponsible for gathering the information, the e. I am aware that there are significant for knowing violations. For the RCRA
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
CA	Charles Savage Agent for CVS PHARMACY, INC	7/16/2014
7		

August 15, 2014

c 4 20

CVS Pharmacy #10412 ATTN: Wendy Brant 618 N. Main St. Donna, TX 78537

To Whom It May Concern:

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## TXR000081959

Future updates to your generator status, owner/operator information or other inquiries should be sent to your state environmental agency:

Texas Commission on Environmental Quality Permitting and Registration Support Division Registration and Reporting Section, MC129 P.O. Box 13087 Austin, TX 78711-3087 512-239-6413

Sincerely,

Sontina S. Powell Environmental Protection Specialist EPA, Region 6 Multimedia Planning and Permitting Division

OMB# 2050-0024; Expires 12/31/2014

FO The Sta	MD DMPLETED IRM TO: e Appropriate ate or Regional fice.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM					
1. E	Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal:  □ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)  □ To provide a Subsequent Notification (to update site identification information for this location)  □ As a component of a First RCRA Hazardous Waste Part A Permit Application  □ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #)  □ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)					
		>100 kg of acute hazardou LQG regulations)	ıs waste spill o	cleanup <u>in one or more mont</u>	vaste, >1 kg of acute hazardous waste, hs of the report year (or State equivaler	or it	
2.	Site EPA ID Number	EPAID Number TXRIDO	10108	1959			
3.	Site Name	Name: CVS Pharmacy #10412					
4.	Site Location	Street Address: 618 N Main Street					
	Information	City, Town, or Village: Donna			County: Hidalgo		
		State: TX	Country: U	SA	Zip Code: 78537		
5.	Site Land Type	Private County Distr			Municipal State Other		
6.	NAICS Code(s)	A CANCEL MONTE OF THE COLUMN	101	c.			
for the Site (at least 5-digit codes)		В		D			
7.	Site Mailing Address	Street or P.O. Box: One CVS Drive					
		City, Town, or Village: Woonsocket				Ī	
		State: RI	Country: US	SA	Zip Code: 02895		
8.	Site Contact	First Name: Wendy	MI: L	Last: Brant			
	Person	Title: CVS Corporate Environmental			Water and the second		
		Street or P.O. Box: One CVS Drive					
		City, Town or Village: Woonsocket					
		State: RI	Country: US	SA	Zip Code: 02895		
		Email: Wendy.Brant@CVSCaremark.com					
		Phone: 401-765-1500	Ex	rt.:	Fax: 401-216-0138		
9. Legal Owner A. Name of Site's Legal Owner: CVS Pharmacy, Inc		Date Became 7/6/2014 Owner:					
	and Operator of the Site	Owner Type: Private County	District	Federal Tribal	Municipal State Other		
М		Street or P.O. Box: One CVS Dr					
u,		City, Town, or Village: Woonsocket			Phone: 401-765-1500		
		State: RI	Country: US	SA	Zip Code: 02895		
		B. Name of Site's Operator: CVS Pharmacy, Inc  Date Became 7/6/2014 Operator:					
		Operator Type: Private County District Federal Tribal Municipal State Other					

EPA Form 8700-12, 8700-13 A/B, 8700-23 (Revised 12/2011)

Fin. 7-31-14

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Page1 of \_\_\_

EPA ID Numi	ber		OMB#: 2050-0024; Expires 12/31/2014
10. Type of R Mark "Ye	Regulated Waste es" or "No" for a	Activity (at your site) Il <u>current</u> activities (as of the date submitting th	e form); complete any additional boxes as instructed.
A. Hazardou	ıs Waste Activiti	es; Complete all parts 1-10.	
YVN		of Hazardous Waste ork only one of the following – a, b, or c.	Y N 5. Transporter of Hazardous Waste If "Yes", mark all that apply.
	a. LQG:	Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.	a. Transporter  b. Transfer Facility (at your site)  Y N 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.  Y N 7. Recycler of Hazardous Waste
	b. sqg:	100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-	I recojetor or riazardodo muste
If "Yes"	c. CESQG:	acute hazardous waste.  Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.  other generator activities in 2-4.	Y N 8. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply.  a. Small Quantity On-site Burner Exemption
YUNU	event and not	enerator (generate from a short-term or one-time from on-going processes). If "Yes", provide an the Comments section.	b. Smelting, Melting, and Refining Furnace Exemption
Y NV :	3. United States	s Importer of Hazardous Waste	Y N 9. Underground Injection Control
Y NV	4. Mixed Waste	(hazardous and radioactive) Generator	Y N 10. Receives Hazardous Waste from Offsite
B. Universal	l Waste Activitie	s; Complete all parts 1-2.	C. Used Oil Activities; Complete all parts 1-4.
Y   N	accumulario regulatio types of	uantity Handler of Universal Waste (you ate 5,000 kg or more) [refer to your State ins to determine what is regulated]. Indicate universal waste managed at your site. If "Yes", that apply.	Y N 1. Used Oil Transporter If "Yes", mark all that apply.  a. Transporter  b. Transfer Facility (at your site)
	d. Lamps e. Other f. Other	ides	Y N 2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply.  a. Processor  b. Re-refiner  Y N 3. Off-Specification Used Oil Burner  Y N 4. Used Oil Fuel Marketer If "Yes", mark all that apply.
Y NE		ion Facility for Universal Waste hazardous waste permit may be required for this	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner  b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA ID Number				OMB	#: 2050-0024; Expi	res <u>12/31/2014</u>
D. Eligible Acad wastes purs	demic Entities with uant to 40 CFR Part	Laboratories—Notif 262 Subpart K	ication for opting ir	nto or withdrawing f	rom managing labor	atory hazardous
<ul> <li>You ca</li> </ul>	n ONLY Opt into Sub	opart K if:				
agre	are at least one of the eement with a college ellege or university; A	or university; or a no	e or university; a teac on-profit research ins	ching hospital that is c titute that is owned by	owned by or has a for y or has a formal affili	mal affiliation ation agreement with
• you	have checked with y	our State to determin	e if 40 CFR Part 262	Subpart K is effective	e in your state	
Y	opting into or currently	y operating under 40	CFR Part 262 Subpa	art K for the managem	nent of hazardous wa	stes in laboratories
	a. College or Univers		initions of types of	eligible academic e	ntities. Mark all tha	tapply:
		20 <b>7</b> 52	as a formal written a	ffiliation agreement w	vith a college or unive	rsity
				affiliation agreement v	137	
	isu i i i i i i					
Y N 2. V	vitnorawing from 40 (	JFR Part 262 Subpar	t K for the managem	ent of hazardous was	stes in laboratories	
	of Hazardous Waste		- Contract			
A. Waste Codes your site. Lis spaces are no	it them in the order th	elated Hazardous Wa ey are presented in t	astes. Please list the he regulations (e.g.,	e waste codes of the D001, D003, F007, U	Federal hazardous wi 1112). Use an additio	astes handled at nal page if more
D001	D002	D004	D005	D006	D007	D008
D009	D010	D011	D016	D018	D024	D027
D035	D035	D039	P001	P012	F'075	P188
U002	U010	U031	U034	U035	U044	U058
U059	U070	U072	U089	U122	U129	U132
U150	U151	U154	U165	U188	U200	U201
U204	U205	U206	U210	U279	U411	
<ul> <li>Waste Codes</li> <li>hazardous waspaces are ne</li> </ul>	astes handled at you	d (i.e., non-Federal) r site. List them in the	Hazardous Wastes order they are pres	. Please list the wast ented in the regulation	e codes of the State-I ns. Use an additiona	Regulated page if more
						949

EPA ID Number	OME	B#: 2050-0024; Expires 12/31/2014
2. Notification of Hazardous Secondary Mater	ial (HSM) Activity	
secondary material under 40 CFR 26	42 that you will begin managing, are managing 61.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25 um to the Site Identification Form: Notification	5)?
Material.		
3. Comments		
The list of waste codes reported is comprehen	sive and representative of wastes that ma	ay be generated at any time from a
200k+ product inventory. Not all wastes identif	fied will necessarily be generated at each	location but the registration is intended
to cover the potential generation of those was		
to cover the potential generation of those was	3.00	
The second secon		
		and the second s
on my inquiry of the person or persons who me information submitted is, to the best of my known penalties for submitting false information, inclination.	nat this document and all attachments were pre- that qualified personnel properly gather and en manage the system, or those persons directly re- owledge and belief, true, accurate, and comple- uding the possibility of fines and imprisonment all owner(s) and operator(s) must sign (see 40	evaluate the information submitted. Based esponsible for gathering the information, the etc. I am aware that there are significant for knowing violations. For the RCRA
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Charles Savage Agent for CVS PHARMACY, INC	7/16/2014
	GVS FRANIMOT, INC	1710/2011